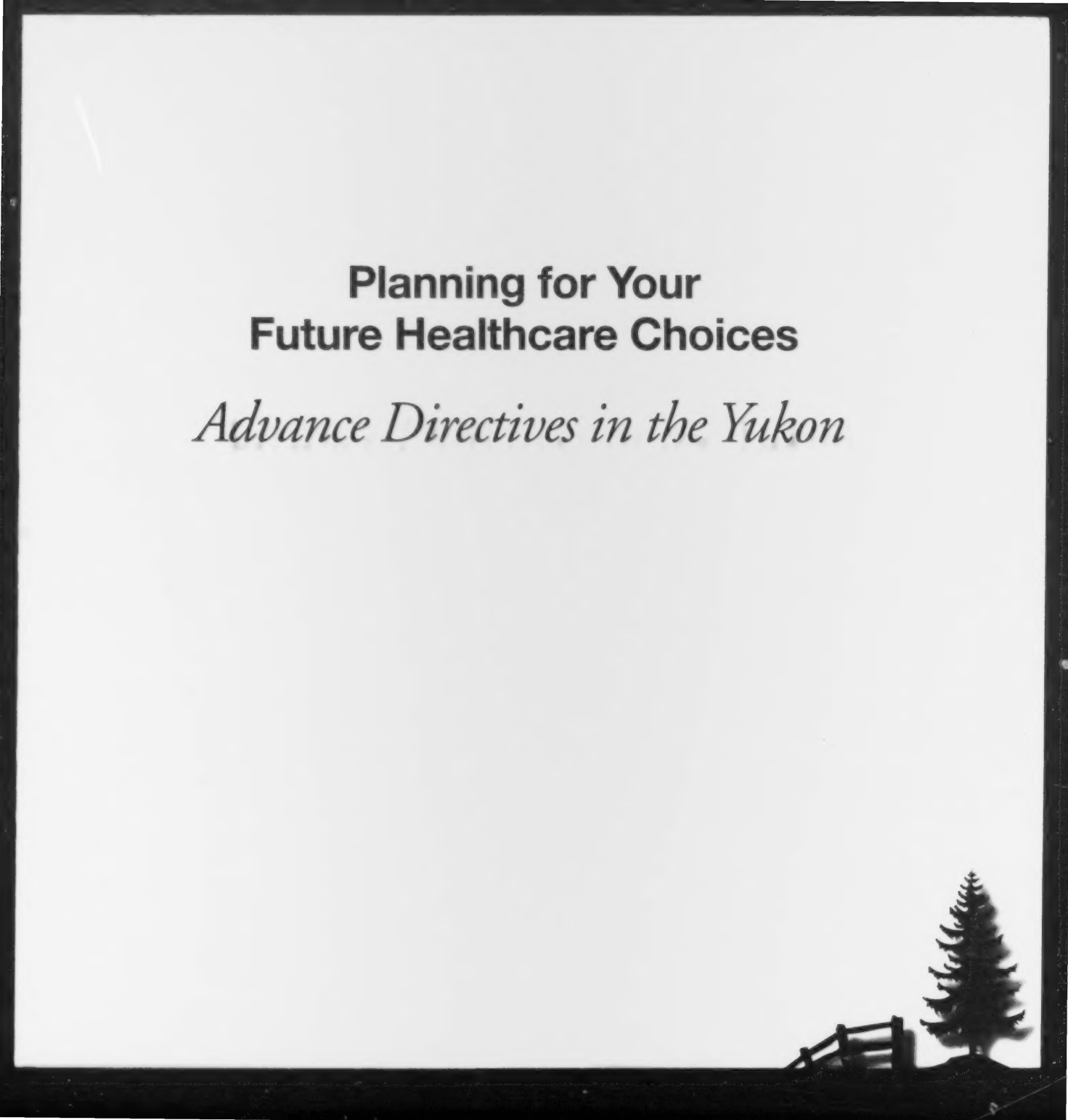
# Planning for Your Future Healthcare Choices

## *Advance Directives in the Yukon*



**Why make an Advance Directive?**

Imagine that you are in a car accident and suffer severe, permanent brain damage. You are unconscious and not expected to regain consciousness. You could live for many years like this. What would your wishes be for medical treatment and care? Who would you want to make decisions for you?

Imagine that you lose your ability to make decisions slowly over time because of Alzheimer's Disease. You live in a nursing home and can feed yourself and interact, but the meaning of your interaction is minimal because you no longer know who you are, who your family members are or what happens from one moment to the next. You will likely get worse over time. What would your wishes be for treatment and care? Who would you want to make decisions for you?

We often take our ability to make our own decisions for granted. We make decisions on a daily basis – choices about work, life and home. But we don't often think about the future and the possibility that we may not be able to make our own choices.

While you are still capable of making your own decisions, you should think about what kind of care you would want if you became unable to make your own decisions. Think about who you would want to make decisions for you.

Discuss these issues with people you trust – your family, friends and health care providers, including your doctor. Talking about these issues may not be very easy. It makes us face the fact that we will die someday. In some cultures it is especially difficult to talk about death and dying. Yet putting loved ones in the position of having to make decisions for you can be difficult. Discussing your choices now can help.

Talk about the kind of care you want and then put it in writing.

Preparing an Advance Directive gives you a voice in the care you will receive if you can't make your own decisions in the future. It also assists those who will have to make care decisions for you. It may be the best gift you can give to your loved ones who have to make hard decisions for you in the future.

**What is an Advance Directive?**
In the Yukon you can appoint someone you trust to make health care and personal care decisions for you through an Advance Directive. This person is called a **proxy.** The Directive takes effect when you are no longer able to make your own decision. You can also set out your wishes and instructions to your proxy in your Directive. In the Yukon, the *Care Consent Act* recognizes Directives.

**Can a proxy make financial decisions for me?**
Directives only cover health care and personal care decisions. It is also important to appoint someone who will be able to look after your money and financial affairs (e.g. paying bills). You **cannot** appoint someone to look after your financial affairs through a Directive.

If you want to appoint someone to look after your money if you become mentally incapable of making those decisions, you should visit a lawyer to make an Enduring Power of Attorney. You can call the Law Society of Yukon to get a list of lawyers who do these. Using a lawyer is a safeguard against people who may pressure a person into signing an Enduring Power of Attorney in order to get control of their money.

If you want, you can have a lawyer prepare a Directive for you at the same time that he or she prepares an Enduring Power of Attorney.

You should also make a will to set out how you want your personal and financial assets handled after you die. A will only comes into effect once you die. It is advisable to have a will made by a lawyer. You can have a will and an Enduring Power of Attorney prepared at the same time by the same lawyer.

> *Note that your executor of your will does not have any authority to act on your behalf while you are still alive. If you suffer a stroke and become incapable of making your own decisions, the person you appointed through your Enduring Power of Attorney will look after your finances and your proxy appointed through your Directive will make your health care and personal care decisions. The executor of your will cannot do these things for you.*

If you haven't appointed anyone to look after your finances through an Enduring Power of Attorney, a family member or friend can apply to the Yukon Supreme Court for a guardianship order giving them the responsibility to look after your affairs. However, this is a more time-consuming and expensive option. It is better to **plan ahead** and prepare an Enduring Power of Attorney and an Advance Directive naming the people you trust to be your decision-makers in the event you become mentally incapable.

| Types of decisions | Plans made while you are still capable | Options once you are no longer capable and have not made plans |
|---|---|---|
| **Financial decisions** | **Enduring Power of Attorney** | **Guardianship** (guardian appointed by the Yukon Supreme Court) |
| **Health care decisions and Personal care decisions** (admission to a care facility and consent to personal assistance services) | **Advance Directive** | **Substitute decision-maker** (chosen from a hierarchical list in the *Care Consent Act)* **OR Guardianship** (if more long-term decision-making in a number of areas is needed) |

**When should I make a Directive?**

A Directive must be made while you are still capable of understanding the nature and effect of the Directive – it is too late once you become incapable. Anyone 16 years and older who is capable of understanding what they have written and the consequences of their choices can make a Directive.

**What if I don't have a Directive?**

If you become incapable of making a health care decision and you don't have a Directive, your next of kin will be asked to make a decision for you. The *Care Consent Act* lists the people who can be chosen as a substitute decision-maker (see list below). The care provider will start at the top of the list and work their way down until they find a substitute decision-maker:

1. Guardian of the person if they have authority to give or refuse consent to the care
2. Proxy named by the person if they have authority to give or refuse consent to the care through a Directive
3. Spouse of the person (including common-law and same-sex partners who have lived together for the preceding 12 months)
4. Child of the person
5. Parent of the person
6. Grandparent of the person
7. Brother or sister of the person
8. Any other relative of the person
9. Close friend of the person
10. Last resort – two to three care providers may make the decision[1]

**Who decides if I'm incapable?**

Every time you give consent to a health care treatment, the health care provider must ensure that you are capable of consenting. That means that you understand information that is relevant to the decision, and the risks and benefits. You must also demonstrate that you understand that the information applies to your own situation. If a care provider does not believe that you can consent to the care, they will look for a substitute decision-maker.[2] If you have named a proxy in a Directive, this person will be asked to make the decision for you.

1. If care providers make a major health care decision or consent to admission to a care facility for a person as a last resort, their decision will automatically be reviewed by the Capability and Consent Board.
2. If you do not agree with the care provider's assessment that you are incapable of making the decision, you can ask the Capability and Consent Board to review the matter.

**What can go in a Directive?**
In the Yukon, your Directive MUST name a proxy. This person will make care decisions on your behalf when you are no longer capable of making your own decisions. Your Directive MAY also contain your wishes and instructions for care.

In the *Care Consent Act,* "care" is defined as:

- Health care
- Admission to a care facility (i.e. nursing homes, group homes)
- Personal assistance services (i.e. home care, personal care in a care facility)

Through a Directive, you can name a proxy to make decisions for you in one or all three of the areas listed above.

**Who should I chose to be my proxy?**
A proxy is someone you have named in a Directive to make care decisions for you when you become incapable of making those decisions yourself. You can name more than one proxy, and you can name an alternate to act if your proxy(ies) are unable or unavailable to act.

Your proxy should be someone who knows you well, who cares about you and who will follow your wishes. Sometimes a spouse is not the best decision-maker because they are too emotionally involved. However, sometimes a spouse is the best choice. You know best.

Talk to your proxy to find out if they will agree to be your substitute decision-maker. Make sure your proxy is aware of your values, beliefs and wishes regarding your care and is willing to carry out your wishes. Your proxy must follow your most current wishes you made while you were still mentally capable, so make sure you update your proxy if your wishes change.

If you name more than one proxy, think about how you want them to make decisions. Set these instructions out in your Directive.

A proxy must be at least 19 years old (unless they are your spouse or parent) when they are called upon to make decisions on your behalf. They must also be available, willing to be the proxy and have been in contact with you during the last 12 months. They must not have a conflict or a court order that would prevent them from carrying out their duties as a proxy.

**What are the duties of a proxy?**

The duties of a proxy are the same as all substitute decision-makers. These duties are outlined in the Care Consent Act. To summarize, a proxy must:

- consult with you to the extent reasonable, given your condition;
- consult with any friend or relative who asks to assist if the proxy does not know your wishes, values or beliefs;
- follow your wishes except if:
    - you made those wishes while you were mentally incapable
    - you made those wishes before you turned 16 years of age
    - it is impossible to follow the wish
    - the proxy believes that you would not still act on the wish if you were capable because of changes in knowledge, technology or practice in the care you receive that you did not foresee at the time you expressed your wish;
- use your wish as guidance where it does not clearly anticipate the specific circumstances that exist;
- make a decision based on your values and beliefs if the proxy does not know your wishes;
- make a decision based on what is in your best interests if the proxy does not know your wishes or your values and beliefs;
- if making a decision based on what is in your best interests, the proxy must consider the following:
    - your current wishes;
    - whether your condition or well-being is likely to improve, worsen or stay the same if you receive the care;
    - whether your condition or well-being is likely to improve, worsen or stay the same if you don't receive the care;

    - whether the benefits of the care will outweigh the risks or negative consequences;
    - whether a less restrictive or less intrusive form of available care would have greater benefits or less negative consequences;
- only attempt to get information that is required to make the care decision for you;
- keep the personal information confidential and only use it to make the care decision for you;
- take care to keep your personal information secure;
- destroy your personal information used to make the care decision.

**How do I make a valid Directive?**

The Yukon government has provided a sample Directive form for you to use if you want. However, you don't have to use this form, as long as your Directive meets a number of criteria.

A Directive is valid in the Yukon if:

- It names a proxy
- The maker of the Directive is 16 years or older
- It is in writing and is dated
- It is signed by the maker in the presence of two witnesses who are at least 19 years old
- It is signed by the witnesses in the presence of the maker of the Directive and the two witnesses
- It is signed by the proxy or proxies

If you are capable of making a Directive, but unable for some reason to sign the Directive, you can direct someone else to sign on your behalf as long as that person is not a proxy or the proxy's spouse.

The witnesses cannot be a proxy or a proxy's spouse.

You do not need a lawyer to make a valid Directive unless you want to give your proxy special authority. (See section below "Special authority for proxy".)

**Can I write my wishes down in a Directive?**
Your wishes about your future health care or personal care can be set out in any form (e.g. in writing, verbally, audiotape, videotape). You don't need a Directive to set out your wishes, but you do need a Directive if you want to name a proxy. It is more convenient for your proxy and everyone else if you put your wishes in your Directive. Then it is all in one spot and easier to find.

All substitute decision-makers, including proxies, must follow the wishes you expressed while you were still capable as long as those wishes apply to the circumstances and are possible to carry out. If your proxy does not know your wishes, they must make decisions based on knowledge of your values and beliefs. If they do not know your values and beliefs, they will make decisions that are in your best interests.

You can change your wishes at any time as long as you are still capable of understanding. The most current wishes you expressed while you were still capable must be followed. So, if you write down wishes in your Directive and then change your mind, you can simply tell your proxy your new wishes. It is also a good idea to tell your health care providers that you have changed your wishes.

**Do health care providers have to follow my wishes?**
In an emergency (e.g. you stop breathing or your heart stops), health care providers must respect any prior capable wishes you have made to refuse care (e.g. life-saving treatment) if they are aware of your wishes. So, if your proxy is not around at the time, but your doctor knows that you did not want to be resuscitated, your doctor will not start CPR. For this reason, it is very important that your health care providers know about your wishes.

**How do I prepare my Directive?**
It is strongly recommended that you talk to your doctor and to other care providers you may be in contact with before you complete a Directive. It is important that you understand the choices that you are making about your future health care and personal care. If your wishes are not expressed clearly, then your proxy will not be able to follow you wishes.

Discussing end-of-life decisions can be very difficult for most of us. It is important to talk about these issues with the people that you trust – your family, friends, care provider, spiritual advisor. Filling out a Directive can be a way of sorting out your values, fears, hopes and wishes. It may take some time and help from others but it can be a very positive journey.

**What if I want to give special authority to my proxy?**

Generally, you do not need a lawyer to make a Directive. However, if you want to give your proxy certain special authority, then you must consult with a lawyer and have them complete a certificate of legal advice. Consulting with a lawyer is important because the authority you are providing to your proxy in these situations may affect your legal rights. The special authorities are:

1. Authority to physically restrain, move or manage me when necessary and despite my objections in certain circumstances;
2. Authority to give consent in certain circumstances to specific kinds of health care even if I am refusing to give consent at the time;
3. Authority to waive my right to apply to the Capability and Consent Board for a decision regarding my incapability to make a health care decision; and
4. Authority to give or refuse consent to specific health care:
    - abortion
    - electroconvulsive therapy (ECT)
    - removal of any tissue from my body for implantation in another human body (e.g. organ donation to a relative) or for medical research
    - experimental health care
    - participation in a health care or medical research program
    - treatments involving aversive stimuli.

Here's an explanation of these special authorities.

1. Authority to physically restrain, move or manage me when necessary and despite my objections in certain circumstances; and
2. Authority to give consent in certain circumstances to specific kinds of health care even if I am refusing to give consent at the time.

The authority to restrain and treat you despite your objections may be particularly useful for people with mental illnesses who have an awareness of the cyclical nature of their illness and want to enable family members or friends to intervene (e.g. to ensure that they take their medications in certain situations). This could make an involuntary admission under the Mental Health Act unnecessary because you may receive treatment sooner and your proxy can consent to treatment for you.

A person with a mental illness who is authorizing their proxy to restrain them and give them medication despite their objections may also want to include a "cooling off" period in their Directive. This would prevent the person with the mental illness from ripping up and canceling the directive in the heat of the moment. For example, in your Directive, you could say that the Directive could only be revoked after giving the proxy one week's notice.

The authority to restrain and treat you despite your objections can also be useful in situations where a medical condition can lead to a build-up of toxins in the body. These toxins can affect the brain and produce confusion. For example, confusion can be a result of a stroke, dehydration, seizures, medications, diabetes or kidney disease.

**3.** Authority to waive my right to apply to the Capability and Consent Board for a decision regarding my incapability to make a health care decision.

Everyone who is assessed by a care provider to be incapable of making a care decision has the right to have that decision reviewed by the Capability and Consent Board under the Care Consent Act. In a situation where a person has authorized their proxy to restrain and treat them despite their objections, the proxy's authority could be undermined if the maker of the Directive objects to the finding of incapability and wants the Board to review it. It may be important for the maker to waive this right in limited situations.

4. Authority to give or refuse consent to specific health care:
    - abortion
    - electroconvulsive therapy (ECT)
    - removal of any tissue from my body for implantation in another human body (e.g. organ donation to a relative) or for medical research
    - experimental health care
    - participation in a health care or medical research program
    - treatments involving aversive stimuli

The authority to consent to abortion etc. is generally not given to proxies. These treatments are either controversial or of questionable benefit to the person. For this reason, if you want to give your proxy any of these authorities, you must consult with a lawyer (e.g. if your sister was going to need a kidney transplant eventually, and you wanted to donate one of your kidneys, you could specify this wish in your Directive).

**What do I do with my Directive once it is signed?**

- Keep the original at home in a special place and tell people where it is. Make a note of where your Directive is and stick the note on the outside of your refrigerator.
- Give a copy to your proxy.
- Give copies to other trusted family members and friends.
- Give a copy to your physician and other people who may be providing care to you.
- Take a copy to Whitehorse General Hospital or your local Health Centre.
- Notify Yukon Health Care Insurance in writing that you have a Directive using the card available at their office, 4th Floor, 204 Lambert St.
- If you are travelling, take a copy with you. Many provinces and U.S. states will honour your wishes.
- If you are admitted to a hospital or nursing home, take a copy with you.
- List the people you have given copies of your Directive to and keep this list with your Directive.

**How do I change or cancel my Directive?**
If you want to change or cancel (revoke) your Directive, you should destroy all copies of the old Directive to avoid any confusion and make a new Directive. You can also declare your intention to revoke your Directive in writing. Keeping a list of who has copies of your Directive will help you make sure that everyone has copies of your most current wishes.

If you don't want to change your proxy, you can keep your Directive and simply change your wishes verbally or in writing. In fact, it is a good idea to review your wishes on a regular basis to make sure they still reflect your thinking. **If you write some new wishes, date and sign the paper.** The most current wishes made while you were still capable will be followed. The most current wishes override anything you previously put in your Directive.

## CHECKLIST

- ☐ Think about your own values and wishes.
- ☐ Talk over your options and wishes with people who can provide information and advice including your friends, family, doctor, other care providers or spiritual advisor.
- ☐ Decide who your proxy should be – someone you trust. Find out if your proxy will agree to be your substitute decision-maker and make sure they will follow your wishes.
- ☐ Name your proxy in your Directive.
- ☐ Think about your care wishes and make them clear to your proxy, care providers and others close to you.
- ☐ Sign, date and witness your Directive. Give copies of your Directive to your proxy, care providers and others close to you.
- ☐ If you want to change your wishes, let your proxy know. Revise any written or video or audio-taped instructions. Make sure you date the most recent instructions. If you want to change your Directive, it is easiest to make a new one and destroy all copies of the old one.

## DEFINITIONS

**Antibiotics** are drugs that may be provided to treat an infection. For example, an elderly person with a terminal illness may develop pneumonia. Left untreated, it can lead to death. A person may choose to die of pneumonia rather than the terminal illness (e.g. bone cancer).

**Blood transfusions** are where blood is infused into your body through an intravenous line (a needle in your vein). Discuss this possibility with your doctor.

**Care** means health care, admission to live in a care facility and personal assistance services.

**Care facility** means Continuing Care facilities operated by Health and Social Services (e.g. Copper Ridge, Macaulay Lodge, McDonald Home for Seniors) and residential placements for adults with disabilities who are clients of Health and Social Services.

**Chemotherapy** is used specifically to refer to drugs given to treat cancer. Discuss this with your doctor.

**Defibrillation** is where the heart is given an electrical shock. Sometimes this is used as part of CPR to start the heart. Other times it is used to make an irregular heart beat become regular.

**Health care** is anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic, or other health-related purpose, and includes a course of health care.

**Intubation** is where a tube is inserted down your airway so that you can breathe. Some people may want to be resuscitated, but don't want to be intubated. Discuss this option with your doctor.

**Intravenous therapy (IV)** means that a needle is inserted into a vein, usually in your hand, arm or foot. This needle is connected to a tube that can carry fluids and medications directly into your blood stream.

**Kidney dialysis** cleans the blood by machine or by fluid passed through the abdomen. Discuss this possibility with your doctor.

**Other medications** may be prescribed to treat the person's main condition or secondary conditions. Discuss the possible medications that might be prescribed with your doctor.

**Personal assistance service** is a service provided in a care facility or by the Health and Social Services Home Care Program to assist people with routine activities of living such as hygiene, washing, dressing, grooming, eating, drinking, elimination, walking or positioning.

**Proxy** is a person appointed in a Directive to give or refuse consent to care for you.

**Radiation** is a concentrated X-ray beam directed at a certain spot (e.g. a cancerous growth). Discuss this possibility with your doctor.

**Resuscitation** is short for Cardiopulmonary Resuscitation (CPR) and includes chest compressions, drugs, electric shocks and artificial breathing to restore a heartbeat. Television shows give the impression that CPR is highly successful, when in actual fact, survival rates vary from 0 to 20% depending on the person's condition. Discuss whether CPR is appropriate for you with your doctor.

**Surgery** could include minor surgery (e.g. wisdom teeth removal or gastric-tube insertion) or major surgery (e.g. gall bladder removal). Discuss the possibilities with your doctor.

**Tube feedings** give nutrition and/or fluid through a tube into your body.

# *Notes*

Yukon
Health and Social Services

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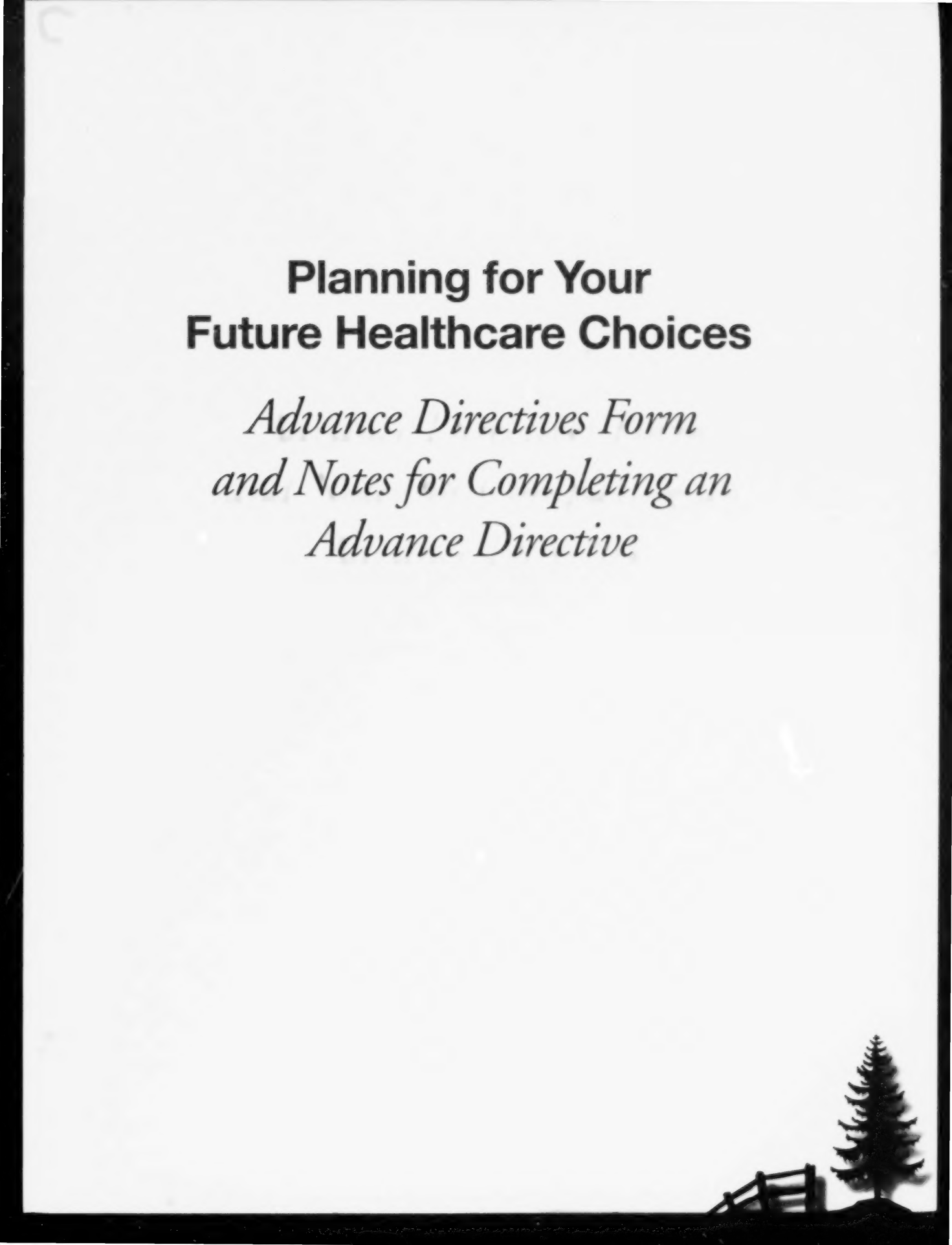
# Planning for Your Future Healthcare Choices

*Advance Directives Form and Notes for Completing an Advance Directive*



# *Notes for Completing an Advance Directive*

## GETTING STARTED

It is important for everyone to have an Advance Directive. We can lose our mental capability slowly (e.g. Alzheimer's Disease) or very suddenly (e.g. brain injury through a car accident). Preparing a Directive gives you a voice in the care you will receive if you can't make your own decisions at the time. It also assists those who will have to make care decisions for you. It may be the best gift you can give to your loved ones who have to make hard decisions for you in the future.

Discussing end-of-life decisions can be very difficult for most of us. It makes us face the fact that we will die someday. In some cultures it is especially difficult to talk about death and dying. Just looking at this form may provoke strong emotions and thoughts for you, or it might feel overwhelming.

It is important to talk about these issues with the people you trust – your family, friends and health care providers, including your doctor. You may also want to talk to your spiritual advisor. Filling out an Advance Directive can be a way of sorting out your values, fears, hopes and wishes. It may take some time and help from others but it can be a very positive journey. In picking up this form, you have made the first step.

## GENERAL INSTRUCTIONS

Please read these **Notes for Completing an Advance Directive** and the booklet called **"Planning for your Future Healthcare Choices"** before you fill out this form. These are available on the Yukon Health and Social Services website along with this form at www.hss.gov.yk.ca

Use this form to appoint a **proxy.** Your proxy will make **"care"** decisions for you only if you become mentally incapable of making the decisions for yourself. You may also outline your wishes related to future health care and personal care in this directive. Your proxy cannot make financial decisions for you. To appoint a person to make financial decisions, you will need to visit a lawyer to prepare an Enduring Power of Attorney.

You do not have to use this form to have a valid Directive. As long as you fill out the parts not marked optional, your Directive will be valid in the Yukon. You can include **Attachment A (Wishes) and Attachment B (Special Authority to Proxies)** in your Directive if you want, but this is optional. If you are not physically able to complete the form, you may direct another person to fill it out for you. Your proxy **must follow the wishes** you expressed while you were still mentally capable as long as those wishes apply to the circumstances and are possible to

carry out. Your wishes can be expressed in this Directive or in any other way (e.g. verbal). You can change your wishes at any time as long as you are still capable of understanding. The most current wishes you expressed while you were still mentally capable must be followed.

You **must be capable of understanding** the nature and effect of this Directive at the time you filled it out in order for it to be legally valid. That means that you understand the content of what you have put in your Directive and appreciate the consequences of your choices. Two witnesses must sign the Directive at the same time that you sign it. The proxy must also sign the Directive but they do not have to sign at the same time as you and the witnesses.

If you want to make Attachment B (Special Authority to Proxies) a part of your Directive, you will need to visit a lawyer for legal advice. If you do not include Attachment B with your Directive, you do not need to visit a lawyer in order to have a valid Directive.

**Explanation Corresponds to Sections on the Form**

1. You must be at least 16 years old and capable of understanding the nature and effect of your Directive at the time you make your Directive. That means that you understand what you have put in your Directive and the consequences of your choices.

2. The Directive only takes effect when you are not capable of making your own care decision.
   - A care provider will assess whether you demonstrate an understanding of the proposed care, the risks and benefits, the alternatives, etc. A person's way of communicating with others is not, in itself, grounds for deciding that they are incapable of making a care decision.

3. You cannot have more than one Directive, so if you have an old Directive, it will automatically be cancelled once you sign the new Directive. It is a good idea to review your Directive every year or whenever you have a significant change in your health. Make sure you record who you have given copies of your Directive to so that when you make a new Directive you can give the new version to the same people.

**Proxies**

4. A Directive in the Yukon **MUST** appoint a proxy. You **MAY** also include your wishes for care in your Directive if you want. However, your wishes do not have to be in your Directive. You can set out your wishes in any way you want, for example, in writing or talking to a trusted friend, relative or health care provider.
   A proxy is someone you appoint to make care decisions for you if

you become mentally incapable of making your own decisions at a later date. A proxy must be at least 19 years old (unless they are your parent or spouse) when they are called upon to act as your proxy. They do not have to live in the Yukon – as long as they can be reached by phone. Your proxy should be someone who:

  - knows you very well,
  - is trustworthy
  - is willing to respect your views and values
  - is able to make difficult decisions in stressful circumstances and who can speak for you

- A spouse or family member may not be the best choice because they may be too emotionally involved. But sometimes they are the best choice. You know best. Talk over your wishes with your proxy and make sure they will respect your wishes.
- If your proxy does not know your wishes, they will make decisions based on your values and beliefs. If they don't know your values and beliefs, they will make decisions that are in your best interests.
- A proxy is not paid for carrying out their responsibilities.

**Alternate Proxy**

5. You can also name an alternate proxy in the event your proxy(ies) are unable to act.

**Authority of Proxy**

6. Under the Care Consent Act, your proxy can make decisions regarding your health care, admission to a care facility or consent to personal assistance services (Home Care) if you are not capable of making the decision. These terms are defined in these Notes. Your proxy will have general authority to make decisions in these areas unless you limit their authority in your Directive. You can limit the authority of all your proxies or just one of them if you want.

7. If you have appointed more than one proxy (not including the Alternate), then you may want to say how they will make decisions together. Can either of your proxies make the decision? Or do you want your first proxy to make the decisions all the time unless they are unavailable?

8. You may want to specify how your proxy should make decisions (e.g. call a family meeting, or consult with certain friends and relatives).

**Conditions for your Directive to take effect or end**

9. You can set out additional conditions that must be met before your Directive starts or ends. However, it is not necessary to make any conditions.

10. You must be capable of understanding the nature and effect of the Directive in order to cancel

(revoke) it. You can make additional requirements here if you want. A person with a mental illness who wants their proxy to restrain them and give them medication despite their objections may want to put a "cooling off" period in their Directive. This would allow the proxy to go ahead with your wishes outlined in the Directive even if you rip up your Directive in the heat of the moment.

**Attachments**

**11.** If you want to include Attachment A (Wishes), Attachment B (Additional Authority to Proxies) or any other attachment, show what you have included by marking your initials beside the name of the attachment.

**Signatures**

**12.** You must sign the Directive and date it in the presence of two witnesses. If you are unable to sign the Directive but you are mentally capable, you can direct another person to sign for you in front of the witnesses.

- The two witnesses must sign the Directive. Both must be at least 19 years old and neither can be a proxy or the spouse of a proxy.

**13.** The proxy(ies) must sign the Directive indicating that they agree to be the proxy. The proxy(ies) can sign the Directive at any time. However, the Directive is not effective until the proxy(ies) sign.

## ATTACHMENT A – WISHES

This schedule is optional. However, it will help care providers and your proxy when it comes time to make care decisions on your behalf.

1. **Personal Statement**
   Our values about our life and our independence are personal. What do you consider to be an acceptable quality of life? It may help to think about what quality of life would be unacceptable to you. Talk to trusted friends, relatives or your spiritual advisor about this.

2. **Health Care Wishes**
   This section provides some basic choices about your health care wishes. There are two different scenarios to consider. The first (2.1) assumes that you have a condition that you will recover from. The second (2.2) assumes that you have a condition that is life threatening or irreversible and unacceptable to you. Think about these choices carefully and get the information you need. Discuss your current health condition and future treatment options with your health care provider.

3. **Personal Care Wishes**
   This section outlines your wishes about personal care. Personal care includes admission to a care facility and consent to Home Care. Your wishes will be respected as long as they apply to the situation and they are possible to comply with. For example, it may not be possible to comply with your wish to never live in a nursing home if your physical care needs become too much for your family and Home Care.

4. **Personal Values Statement**
   Instructions in Directives are sometimes too vague (e.g. no "heroic" measures) or unclear. It is impossible to anticipate every situation. It may be most useful if you express your basic personal values about your life and future health care and leave the specific decisions up to your proxy.

   You may want to specify situations where you will want to talk to your spiritual advisor. You may want to request that your religious views be honoured even if they conflict with your family's views. Or you may want to specify that you don't want a visit from a church Minister because you have had no contact with the church in 30 years.

   This section should reflect YOUR personal values and what is important to YOU.

## ATTACHMENT B – SPECIAL AUTHORITY TO PROXIES

- This part is optional. If you fill out this part, you must also have the ***Certificate of Legal Consultation*** filled out by a lawyer.

- There are certain health care treatments that your proxy cannot consent to unless you set these out specifically in your Directive and you consult with a lawyer. Consulting with a lawyer is important because the authority you are providing to your proxy in these situations may affect your legal rights.

**Authority to restrain**

- The authority to restrain and treat you despite your objections may be particularly useful for people with mental illnesses who have an awareness of the cyclical nature of their illness. Through this Directive, you can enable family members or friends to intervene. For example the proxy could make sure that you take your medications. This could make an involuntary admission under the Mental Health Act unnecessary because you may receive treatment sooner and your proxy can consent to treatment for you.

- The authority to restrain and treat you despite your objections can also be useful in situations where a medical condition can lead to a build-up of toxins in the body. These toxins can affect the brain and produce confusion. For example, confusion can be a result of a stroke, dehydration, seizures, medications, diabetes or kidney disease.

**Capability and Consent Board**

- Everyone who is assessed to be incapable of making a care decision has the right to have that decision reviewed by the Capability and Consent Board under the Care Consent Act (made up of lay people, health providers and lawyers). In a situation where a person has authorized their proxy to restrain and treat them despite their objections, the proxy's authority could be undermined if the maker of the Directive objects to the finding of incapability and wants the Board to review it. It may be important for the maker to waive this right in limited situations.

**Consent to certain treatments**

- The authority to consent to abortion, ECT, etc. is generally not given to proxies. These treatments are either controversial or of questionable benefit to the person. For this reason, if you want to give your proxy any of these authorities, you must mark it in this section and consult with a lawyer. This might be useful if you were diagnosed with early Alzheimer's Disease and your sister was going to need a kidney transplant eventually. If you wanted to donate one of your kidneys to your sister sometime in the future, you could specify this wish in your Directive.

**After completing this Directive:**

- Keep the original at home in a special place and tell people where it is. Make a note of where your Directive is and stick it on the outside of your refrigerator.
- Give a copy to your proxy.
- Give copies to other trusted family members and friends.
- Give a copy to your physician and other people who may be providing care to you.
- Take a copy to Whitehorse General Hospital and/or your local Health Centre.
- Notify Yukon Health Care Insurance in writing that you have a Directive using the card available at their office, 4th Floor, 204 Lambert St.
- List the people you have given copies of your Directive to and keep this list with your Directive.

Copies of my Directive have been given to:

| NAME | RELATIONSHIP |
|---|---|
| | |
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**DEFINITIONS:**

**Antibiotics** are drugs that may be provided to treat an infection. For example, an elderly person with a terminal illness may develop pneumonia. Left untreated, it can lead to death. A person may choose to die of pneumonia rather than the terminal illness (e.g. bone cancer).

**Blood transfusions** are where blood is infused into your body through an intravenous line (a needle in your vein). Discuss this possibility with your doctor.

**Care** means Health care, admission to live in a care facility and personal assistance services.

**Care facility** means Continuing Care facilities operated by Health and Social Services (e.g. Copper Ridge, Macaulay Lodge, McDonald Home for Seniors) and residential placements for adults with disabilities who are clients of Health and Social Services.

**Chemotherapy** is used specifically to refer to drugs given to treat cancer. Discuss this with your doctor.

**Defibrillation** is where the heart is given an electrical shock. Sometimes this is used as part of CPR to start the heart. Other times it is used to make an irregular heart beat become regular.

**Health care** is anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic, or other health-related purpose, and includes a course of health care.

**Intubation** is where a tube is inserted down your airway so that you can breathe. Some people may want to be resuscitated, but don't want to be intubated. Discuss this option with your doctor.

**Intravenous therapy (IV)** means that a needle is inserted into a vein, usually in your hand, arm or foot. This needle is connected to a tube that can carry fluids and medications directly into your blood stream.

**Kidney dialysis** cleans the blood by machine or by fluid passed through the abdomen. Discuss this possibility with your doctor.

**Other medications** may be prescribed to treat the person's main condition or secondary conditions. Discuss the possible medications that might be prescribed with your doctor.

**Personal assistance service** is a service provided in a care facility or by the Health and Social Services Home Care Program to assist people with routine activities of living such as hygiene, washing, dressing, grooming, eating, drinking, elimination, walking or positioning.

**Proxy** is a person appointed in a Directive to give or refuse consent to care for you.

**Radiation** is a concentrated X-ray beam directed at a certain spot (e.g. a cancerous growth). Discuss this possibility with your doctor.

**Resuscitation** is short for Cardiopulmonary Resuscitation (CPR) and includes chest compressions, drugs, electric shocks and artificial breathing to restore a heartbeat. Television shows give the impression that CPR is highly successful, when in actual fact, survival rates vary from 0 to 20% depending on the person's condition. Discuss whether CPR is appropriate for you with your doctor.

**Surgery** could include minor surgery (e.g. wisdom teeth removal or gastric-tube insertion) or major surgery (e.g. gall bladder removal). Discuss the possibilities with your doctor.

**Tube feedings** give nutrition and/or fluid through a tube into your body.

# Advance Directive

(made pursuant to the Yukon *Care Consent Act*)

**1. This is the Directive of**

Name _____ Date of birth _____
Please Print

Address _____
Residence City/Town Territory/Province

Telephone _____ Health number _____

(referred to as the "Maker")

**2.** I understand that this Directive and the authority of a proxy become effective if I am not capable of making a decision regarding my health care, admission to a care facility or consent to personal assistance services as defined in the *Care Consent Act.*

**3.** I revoke (cancel) any previous Directive made by me.

**4.** I appoint the following person(s) to be my proxy(ies):

**Proxy 1** _____
Please Print Name

Address _____
Residence City/Town Territory/Province

Phone _____ Email _____
Home Business

**Proxy 2** ***(Optional)*** _____
Please Print Name

Address _____
Residence City/Town Territory/Province

Phone _____ Email _____
Home Business

**5. Alternate Proxy *(Optional)***

I appoint the following Alternate Proxy if Proxy 1 or Proxy 2 is unable to act for any reason:

Alternate Proxy: _____
Please Print Name

Address _____
Residence City/Town Territory/Province

Phone _____ Email _____
Home Business

**6.** I authorize my proxy(ies) to make all care decisions for me when I am no longer mentally capable of making my own care decisions except as indicated below.

I do NOT want my proxy(ies) to make the following care decisions for me:

***(Describe decisions you do not want your proxy to make or write "not applicable" if you do not want to put any limitations on the authority of your proxy(ies)).***

_____

_____

_____

_____

_____

***(Examples:** • Proxy 2 does not have authority to make health care decisions on my behalf • Proxy 1 does not have authority to admit me to a care facility)*

**7. *(Optional)*** Since I have appointed two proxies, I want Proxy 1 and Proxy 2 to make decisions:

***(Initial one choice)***

____ **A.** Alternately (any one of them can make the decision) **OR**

____ **B.** Successively (2nd proxy decides if 1st proxy is not available)

8. ***(Optional)*** Additional instructions for how I want my proxy(ies) to make decisions:

*(**Examples:** • proxy(ies) must consult with certain people before making a decision)*

9. ***(Optional)*** This Directive takes effect when a care provider has determined that I am incapable of making my own decision about my care. I understand that I may make additional conditions for this Directive to take effect, which are set out below:

*(**Examples:** • when two doctors plus a certain family member agree that I am no longer capable of making the decision • once my proxy notifies certain people • when I exhibit certain symptoms)*

10. ***(Optional)*** If I am still capable, I can revoke (cancel) this Directive at any time. I understand that I may set additional criteria for revoking this Directive which are set out below:

*(**Examples:** • Directive may only be revoked after I provide a week's notice to my proxy to allow for a cooling-off period/period of reflection • Directive to expire on a certain date • Directive may not be revoked when, in the opinion of certain people or health care providers, I am exhibiting the symptoms of my mental illness)*

**11.** ***(Optional)*** I have attached and included in this Directive:

***(Initial beside the Attachments you have attached.)***

____ **A.** Attachment A outlining my wishes.

____ **B.** Attachment B outlining additional authority I wish to give to my proxy(ies).

____ **C.** Attachment _____

**12. SIGNATURE OF MAKER**

I sign this document while capable of understanding the nature and effect of this Directive.

My signature _____ Date _____
Month/Day/Year

***(OR if you are mentally capable but for some reason unable to sign, you may direct another person to complete and sign this Directive on your behalf in your presence. The person signing CANNOT be the proxy or the spouse of the proxy.)***

Signature on my behalf _____ Date _____
Month/Day/Year

Relationship to Maker _____

**SIGNATURES OF WITNESSES**

***(Two adults 19 years or older must witness your signature and sign together in your presence.)***

I certify that I witnessed the signing of this Directive by the Maker in my presence. I am not a proxy or the spouse of a proxy.

Witness _____ Date _____
Signature Month/Day/Year

Witness _____ Date _____
Signature Month/Day/Year

## 13. SIGNATURES OF PROXIES

***(Proxy appointment is not valid unless signed by all the proxies.)***

I agree to be the proxy for the maker of this Directive. I understand and agree to take on the responsibilities and duties of a proxy under the Care Consent Act.

Proxy 1 _____ Date _____
Signature Month/Day/Year

Proxy 2 _____ Date _____
Signature Month/Day/Year

Alternate Proxy _____ Date _____
Signature Month/Day/Year

## WISHES *(Optional)*

***This Part deals with your wishes and is provided as a guideline only. You may outline your wishes in a different way and attach them to this Directive.***

1. **Personal Statement**
   People have different ideas about what an acceptable quality of life means to them. By acceptable quality of life, I mean being able to:

***(Examples:** • recognize family and friends • communicate • feed myself • take care of myself • be conscious and aware of my surroundings and people • live in my own home • breathe on my own without assistance from a ventilator)*

## 2. Health Care Wishes *(Complete 2.1 and 2.2)*

**2.1** If I have a condition that is reversible or where I can achieve an acceptable quality of life (as described above), I want the following:

***(Initial one choice)***

____ **A. All necessary health care** including life saving treatments

____ **B. All necessary health care except** _____

_____

_____

_____

_____

_____

_____

_____

_____

**2.2.** If I have a condition that will cause me to die soon or a condition (including substantial brain damage or brain disease) where there is little reasonable hope that I will regain a quality of life acceptable to me (as described above), I want the following:

### SECTION A – RESUSCITATION

**If I HAVE no pulse and I AM not breathing:**
***(Initial one choice)***

____ **A.** RESUSCITATE

____ **B.** DO NOT attempt or continue any RESUSCITATION (DNR)

## SECTION B – CARE

**If I HAVE a pulse and I AM breathing:**

***(Initial one choice)***

____ **A. COMFORT MEASURES ONLY:** These include nursing care, medication for managing symptoms including pain, oxygen, hydration except by intravenous (IV) therapy, mouth care, positioning, warmth, emotional and spiritual support, and other measures to relieve pain and suffering. No other medical treatment will be provided.

**OR**

____ **B. SPECIFIED MEDICAL CARE:** In addition to comfort measures, I would want the following if recommended by my health care providers. This may necessitate transfer to a hospital.

____ antibiotics

____ other medications

____ radiation

____ tube feedings

____ defibrillation (shock to heart)

____ intubation (for breathing)

____ surgery

____ intravenous therapy

____ chemotherapy

____ kidney dialysis

____ blood transfusions

____ other treatment

_____

**OR**

____ **C. EVERYTHING:** All necessary health care to prolong my life.

Additional Instructions:

_____

_____

_____

_____

## 3. Personal Care Wishes

My wishes regarding personal care are:

*(**Examples:** • death at home if possible • admission to a care facility if necessary)*

## 4. Personal Values

It is not usually possible to foresee in advance all of the types of health care decisions which may have to be made for you. Use this space to express any personal beliefs or values that you think will help your proxy understand and follow your wishes:

*(**Examples**: • I would prefer to stay at home as long as this does not cause undue stress on my family and caregivers • do everything possible to maintain life • my religious beliefs are important and because of this, I want … • If I am nearing my death, I want …)*

# SPECIAL AUTHORITY TO PROXIES *(Optional)*

***(A certificate of Legal Consultation must be filled out by a lawyer if you fill out anything in this Attachment.)***

**1. Authority requiring Legal Advice**

I grant my proxies additional authority to make decisions for the following matters. I understand that this specific authority is only valid if I consult with a lawyer and have the lawyer complete a certificate of legal advice:

_____ ***(Initial the authority you want to give to your proxies.)***

_____ **A.** Authority to physically restrain, move or manage me when necessary and despite my objections in the following circumstances:

_____

_____

_____

_____

_____

_____

***(Examples:*** *• when I exhibit the following symptoms of my illness (e.g. symptoms of bi-polar affective disorder or symptoms of toxins in the body as a result of kidney disease) • when two health professionals and a certain family member people agree that I am exhibiting symptoms of my illness)*

_____ **B**. Authority to give consent in the following circumstances to the following kinds of health care even if I am refusing to give consent at the time:

_____

_____

_____

_____

_____

_____

_____

***(Examples:** • authority to give me certain medications when I am behaving in a certain way • authority to hospitalize me if necessary to provide me with medications or to protect my safety or the safety of other people • authority to carry out the following emergency crisis action plan)*

_____ **C.** Authority to waive my right to apply to the Capability and Consent Board for a review of a decision regarding my incapability to make a health care decision

_____ **D.** Authority to give or refuse consent to specific health care marked below:

- _____ abortion
- _____ electroconvulsive therapy (ECT)
- _____ removal of any tissue from my body for implantation in another human body (e.g. organ donation to a relative) or for medical research
- _____ experimental health care
- _____ participation in a health care or medical research program
- _____ treatments involving aversive stimuli

Specific wishes regarding the above authorities:

_____

_____

_____

_____

_____

_____

_____

***(Examples:** • preferences for treatment and hospitalization • visitors • people to inform including what to tell my employer or family members)*

Yukon
Health and Social Services

FORM 1 (CCA)
*CARE CONSENT ACT,*
*Section 30(2)*

# CERTIFICATE OF LEGAL CONSULTATION

***(If you filled out attachment B of the Advance Directive Form, this certificate must be completed by a lawyer.)***

I, _____ of _____
(print full name) (print address)

**Certify that:**

1. I was consulted by _____
(print full name of Maker)

of _____
(print full address of Maker)

regarding the application of section 30 of the *Care Consent Act* to a Directive made by the Maker on

_____.
(day/month/year)

2. I am: _____ a member of the Yukon Law Society
OR
_____ a lawyer licensed to practice in the province/territory of _____ where the Directive was made

3. I believe the Maker of this Directive understands the nature and effect of the provisions of the Directive involving section 30 of the *Care Consent Act*.

The truth of this statement is certified at _____, Yukon
(print name of city)

on _____.
(day/month/year)

_____
(signature of lawyer)

Yukon
Health and Social Services

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